



EX-1

Practitioner's Docket No. 8020/002

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

In re application of: Jordan et al.

Application No.: 09/021,421

Filed: February 10, 1998

For: CHELATED 8-HYDROXYQUINOLINE  
AND USE THEREOF IN A METHOD OF  
TREATING EPITHELIAL LESIONS

Group No.: 1614

Examiner: Goldberg, J.

JAN 03 2001

TECH CENTER 1600/2900

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents and Trademarks, Washington, DC 20231, on

26, 2000

Dan Cleveland, Jr.

ASSISTANT COMMISSIONER FOR  
PATENTS  
WASHINGTON, D.C. 20231

Sir:

**PETITION TO MAKE SPECIAL UNDER 37 C.F.R. §1.102**

The Applicants hereby petition for expedited special handling of this application by advancing examination of this application out of turn, pursuant to the provisions of 37 C.F.R. §1.102(c) and MPEP §708.02, for the reason that the undersigned Applicant is over sixty-five years of age.

Exhibit A attached to this Declaration is a photostatic copy of a Birth Certificate of daughter=Sally showing that I, Russell T. Jordan am at least sixty-five years of age.

09/021,421

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

No additional fees are seen to be due. However, if any additional fees are due, the Commissioner is authorized to charge them to deposit account No. 501324.

Respectfully submitted,

By:   
Russell T. Jordan

Exhibit A = Birth Certificate of Russell T. Jordan Daughter,  
Sally Ruth Jordan (shows Dr. Russell T. Jordan was  
30 years old when she was born on September 26, 1949.)  
Dr. Jordan was born on January 28, 1919.



STATE OF ARKANSAS  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Registration District No. <u>635</u>		ARKANSAS STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		30060	
Primary Registration District No. <u>2379</u>		CERTIFICATE OF LIVE BIRTH		192	
1. PLACE OF BIRTH a. COUNTY <u>Washington</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayetteville</u> c. FULL NAME (If not in hospital or institution, give street address or location) OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		2. USUAL RESIDENCE OF MOTHER (where does mother live?) a. STATE <u>Arkansas</u> b. COUNTY <u>Pulaski</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Little Rock</u> d. STREET ADDRESS (If rural, give location) <u>517 W. 19th St.</u>			
3. CHILD'S NAME (Type or print) a. (First) <u>Sally Ruth</u> b. (Middle) <u>Jordan</u> c. (Last) <u>Jordan</u>		OCT 22 1949			
4. SEX <u>Female</u>		5. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		6. DATE OF BIRTH (Month) (Day) (Year) <u>September 26, 1949</u>	
FATHER OF CHILD					
7. FULL NAME a. (First) <u>Russell Thomas</u> b. (Middle) <u>Jordan</u> c. (Last) <u>Jordan</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>30</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>New York</u>		11. USUAL OCCUPATION <u>Student</u>	
MOTHER OF CHILD					
12. FULL MAIDEN NAME a. (First) <u>Grace</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Culbertson</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>29</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>New York</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <u>1</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mother</u>		18. SIGNATURE <u>Ruth E. Lesh</u> 18a. ADDRESS <u>Fayetteville, Ark.</u>		19. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify) <u>9-30-49</u>	
10. DATE REC'D BY LOCAL REG. <u>10-3-49</u>		20. REGISTRAR'S SIGNATURE <u>Mrs. C. B. Caddock</u>		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	
FOR MEDICAL AND HEALTH USE ONLY (This Section MUST be filled out)					
22a. PREGNANCY, Complications of		d. Length of Pregnancy <u>9 mo.</u>		e. Did baby have any:	

THIS IS TO CERTIFY, That the above is a full, true and correct copy of the original certification which is on file in this office and of which I am legal custodian.

IN TESTIMONY WHEREOF, Witness my hand and seal of office, at Little Rock, Arkansas.

Feb. 17, 1950

State Registrar

Senior Clerk

THIS IS TO CERTIFY, That the above is a full, true and correct copy of the original certificate of live birth.

The foregoing instrument was acknowledged before me this 7 day of May 19 81 by Russell T. Jordan, Grace L. Jordan parents.

My commission expires June 20 1987